

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010314

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 40DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10275

20275

3

4 2

5 1

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7 0

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9 4200

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED APR 9 1962

1. PLACE OF DEATH

a. COUNTY

COOPER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BOONVILLE

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY COOPER

c. CITY
OR TOWN BOONVILLEInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
10TH STReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLES

BROWN

4. DATE
OF DEATH

Month

Day

Year

MAR-27-62

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

OCT 15 1911

9. AGE (last birthday)

50

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NIGHT WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

FRYETTE MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

NANNIE WALKER

14. NAME OF HUSBAND OR WIFE

HELEN COLEMAN BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

HELEN BROWN BOONVILLE MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE, DECOMPENSATED

INTERVAL BETWEEN ONSET AND DEATH

YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS

YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITUS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/14/54 to 3/27/62 and last saw him alive on 12/21/61
Death occurred at 2:00 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. Haca. MD.

22b. ADDRESS

329 Main St., Boonville, Mo

22c. DATE SIGNED

3/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAR. 31 62

23c. NAME OF CEMETERY OR CREMATORY

CITY

23d. LOCATION (City, town, or county)

BOONVILLE

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

H. MAY 814 S. PORTER BOONVILLE

25. DATE RECD. BY LOCAL REG.

3-31-62

26. REGISTRAR'S SIGNATURE

D. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

FEB 27 1963

APR 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me~~,
or by Harold Warren, Student Embalmer No. 601
working under my personal supervision.

Student Harold Warren
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425
P. O. Address Columbus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.